Social Security Number

that I attended deceased from

should he charged statistically.

(State)

DURATION

CERTIFICA	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give reaidence of mother) State
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME William Homos a	dam 3. (b) Social Secu
4. Sex S. Color or ace 6.(a) Single, married, widowed, or divorced male white married	MEDICAL CERTIFICATION 20. DATE DF DEATH 7
6.(b) Name of husband or wife number K. adams 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immedia cause of death.
9. Birthplace Pauludu hrs. min.	Due to.
10. Usual occupation Pleasember Retried 11. Industry or business	Due to
12. Name Seorge Caultude	Dither conditions. Daniely raddition
14. Maiden name Seawette Mears 15. Birthplace Cambride	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Mrs W.T. adams	Autopsy results
Address 7 8 Water Bate thereof 3 7 - 47 (Burial, cremation, or removal, Which?) [Burial, cremation, or removal, Which?] [Burial, cremation, or removal, Which?]	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery of complexy Treeulawa	Where did Injury occur?
18. Funeral director Kennetto R. Shounds	Msans of Injury Injured at work?
Address authors, MA	- as SIGNITURE / WILLS U / how Ra

(Date rec'd by registrar)



2411 N. Charles St., Baltimore 108

CERTIFICATE OF DEATH

information carefully. The correct age of death clearly and egibly.

ADING INK. Supply every item of Physicians: please write the causes

important.

PLAINLY, V is especially

PLEASE WRITE

VS

MARGIN RESERVED FOR BINDING

01604

Date signed 2/8/47

3. (a) FULL NAME Created Robbins Baile 4. Sex S. Color or race 8. (a) Singe, marred, widowes, or displaced MEDICAL CERTIFICATION 20. Date of Death. Johnson States 19. S. Color or race 8. (a) Singe, marred, widowes, or displaced MEDICAL CERTIFICATION 20. Date of Death. Johnson States 19. S. Color or race 8. (c) If alive, give age 70. Sex Secretary 19. Sex	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex	3. (a) FULL NAME	3 (h) Social Saggitte Number
20. DATE OF DEATH SULPLY 19.47 at 5.30.9. 8. (b) Name of husband or wife. 21. SERTIFY that death occurred on the sate above states; that all attended deceased from 18.47 to 2 states of death. 22. BERTIFY that death occurred on the sate above states; that all attended deceased from 18.47 to 2 states of death. 23. BIRTIPLEA CENTER TO A state altered from 18.47 to 2 states of deceased from 18.47 to 2 states of decease of decease of decease of decease of states of the states of decease of decease of decease of decease of the states of	Ernest Ruben Bails	J. (v) Docial Decurity Number
8. (b) Name of husband or wife 8. (c) If alive, give age 9. Birth date of deceased (mo. day, yr.) 8. AGE: Years 9. Birtholace 10. Usual occupation. 11. Industry or business 11. Industry or business 12. It seminates 13. Birthplace 14. Maiden name. 15. Informatic 16. Informatic 17. Birthplace 18. Informatic 18. Informat	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divinced	MEDICAL CERTIFICATION
8. (b) Name of husband or wife 1. Birth date of deceased (mo. day, yr.) 2 4 1946 8. AGE: Tears Modified 9. Birthplace (Tom, county, and state) 10. Usual occupation 11. Industry or business 11. Industry or business 12. Name (Include pregnancy within 3 months of death) 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden name (Include pregnancy within 3 months of death) 15. Birthplace (Include pregnancy within 3 months of death) 16. Informant (Include pregnancy within 3 months of death) 17. Birthplace (Include pregnancy within 3 months of death) 18. Fineral director (Include pregnancy within 3 months of death) 19. Autopsy results 11. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sucide, or homicide, or nomicide, or nomicid	mole cal sangle	-1 4
Selected of the control of the con	6.(b) Name of husband or wife	21. J EERTIEV that death occurred on the date above stated; that J attended deceased from
Immedia Case		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8. AGE: Years Monfield Days If less than one day 10. Usual occupation. 11. Industry or business 12. Name Other conditions. 13. Birthplace Other Conditions. 14. Maiden name Other Conditions. 15. Informant. 16. Informant. 17. Birthplace Other Conditions. 18. Informant. 19. Date thereof Other Conditions. 19. Informant. 19. Date thereof Other Conditions. 19. Informant. 19. Date thereof Other Conditions. 19. Informant. 19. Date thereof Other Conditions. 20. VIOLENCE: If death was due to external causes, fill in the following: 19. Actions y results. 19. PHYSICIAN: Please underline the cause to which death should be charged statistically. 20. VIOLENCE: If death was due to external causes, fill in the following: 19. Actions y results. 19. Information, or removal. Which: Other Country Other Country Other Country Other Country Other Othe	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
9. Birthplace Continue (Torn, county, and state) 10. Usual occupation. 11. Industry or business 12. Name	V. AGE.	Lubar Oneun & Loy
Due to Due to Die to (Include pregnancy within 3 months of death) Major findings of operations Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Date libered to the conditions Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of op. Accident, suicide, or homicide. Date of op. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Manns of injury Injured at work? Manns of injury M. D. or other	& Richard Combudy Md	Due lo.
12. Name 13. Birthplace 14. Maiden name 15. Birthplace 15. Birthplace 16. Informant 16. Informan		Due to
13. Birthplace Carbback Mg 14. Malden name Major findings of operations. 15. Birthplace Carbback Mg 16. Informant Major findings of operations. 16. Informant Major findings of operations. 17. Delta Major findings of operations. 18. Furnish Class (Which?) 19. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of op. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of op. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of op. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of op. Means of injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work? Manans of injury occur? 23. SIGNATURE Major States (Mg) Operations.	11. Industry or business	
14. Maiden name	# 12. Hame Buryeld Waters	Di her conditions
14. Maiden name. 15. Birthplace 16. Informant Address 17. Working Date hereof (month) (day) (year) Location Location 18. Funeral director Address Carulant Address Address Address Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Whera did Injury occur? (City or town) (County) (State) Injured at work? Major findings of operations. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Whera did Injury occur? (City or town) (County) (State) Injured at work? Maans of Injury 18. Funeral director Address Carulant Major findings of operations. Matopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Whera did Injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Maans of Injury Major findings of operations.	13. Birthplace Carolinda Md	
Address 1,43 Washing 5 11 Defel	14 Maiden name Suraldine Bail	
Address 1,43 Washing 5 11 Defel	15. Birthplace Combudy MTC	
Address 143 Washington Date Ihereot Date Injured at home, farm, industry, public place (where?) 18. Funeral director Date Injured at work? 18. Funeral director Date Injured Address Campany Injured Address Date Date Injured Inju	5, 11, 8 12.	Autopsy results.
Date Thereof (Burial, cremation, or removal, Which?) Date Thereof (month) (day) (year)	Address 1,43 Washingto St	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal. Which?) Cemelery or crematory Location Location Accident, Suicide, or nomicide Whera did Injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? Macros Caruseus (Macros C	Rothol Likely U	22. VIOLENCE: If death was due to external causes, fill in the following:
Location Constitution of Injured at home, farm, industry, public place (where?) 18. Funeral director Lawy Hours of injury Address Canusacturacy No. 23. SIGNATURE And M. D. or other	(Burial, cremation, or removal, Which?)	
Location Constitution of Injured at home, farm, industry, public place (where?) 18. Funeral director Lawy Hours of injury Address Canusacturacy No. 23. SIGNATURE And M. D. or other	Gemelery or crematory CMULLY	Whera did injury occur?
Address Carmberold Md 23, SIGNATURE Carrol M Of Clinic Mb	Landin Cambrilost	
Address Campberickell Nd 23. SIGNATURE and M. A. Clair Mes	GDATES HORSELENDER	Means of injury Injured at work?
Tel 4- 47 tolers Mace to mind	18. Funeral director	
Tela 4 - 47 Kolin Male to Mich		23. SIGNATURE CASSOLY M A- Clicia Mis
	19. Jel. 4- 19. 47 John Mace & mi	









2411 N. Charles St., Baltimore 107)



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CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County Clity or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Armola colorol sente	1 /
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 194.7., 10. Helbrus, 14
7. Birth date of	and that I last saw h alive on 4 through (4 19%?
deceased (mo., day, yr.) December 11 1946	Immediate cause of death
8. AGE: Years Months Days It less than one day	Branshapnumani 10 days
2 3min.	(Prishary)
9. Birthplace (Town, county, and atate)	Bue to
tO. Usual occupation.	Due to
11. Industry or business	55 10-
12. Name James Houng	Other conditions
14. Maiden name Elizabeth Bank 15. Birthplace Baltimon MI	(Include pregnancy within 3 months of death)
15 Distribution Best man MI	Major fiudiogs of operatious
GO. Lett Back.	Date of op.
Address 15 4 Markey La St Cambridge Med	Autopsy results
17 Bethel Baje thereof Leb- 19	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Cemetery or crematory Addison Supply Company of the	Where did injury occur?
Location	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Lland H. B. Carsana	Mesns of Injury Injured at work?
Address Daniberidge nd	23. SIGNATURE Consel M. P. Class M. D. or other
19. 2/16/19 19 Y) John Mace Jr. m. Registrar	Address Pine & Cala & Date signed 2/14/47

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-6)

CERTIFICATE OF DEATH

Reg. Dist. No. 64610

1 DIACE OF DEATH	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	100
(If outside city or town limits, write RURAL and give nearest town)	State County County
12.00	City or town 2 do Nous Market
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No.
at home	(If rural, give LOCATION)
How long in hospitat or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ella Bayneum	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hemale negro whow	170 - 27 117 B. P
	2D. DATE OF DEATH Telowary 27 19 47, 21 9:00 TM
6.(b) Name of husband or wife You Layroum	21. I CERIFY that death occurred on the date above stated; that Lattended deceased from
dans.	7 ebruary 1845 to tebruary 18 +7
7. Birth date of years	and that I last saw h. Dr. alive on A ghruary 26 / 18 47
deceased (mo., day, yr.) february, 5, 1848	(baltalile)
8. AGE: Years Months Days It less than one day	Immediate coese of death.
69 0 24hrsmin.	
Q + Market Mal	
9. Birthplace (Town, county, and state)	Due to Serveral Green wall wall orosis 5 ms +
1D. Usuat occupation	Due to
11. Industry or business	
El 10 4000	
12. Name toda 13. Birtholace waryland	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name VIIIA Toda	(Include pregnancy within a months of death)
	Major findings of operations.
15. Birthplace Maryland	Date of op.
16. Informant Orman O Jugha	Autopsy results
Olivator Colivan	PHYSICIAN: Please underline the caose to which death should be churged statistically.
Address Chester, Jenna.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Borial, cremation, or removal, Which?) Date thereof 2 3 (month) (day) (year)	Accident, suicide, or homicide
(Borial, cremation, or removal, Which?) (math) (day) (year)	
Cemetery or crematory 2. New Y Warters Complexy	Where did injury occur?
Location L. New Market Md.	Injured at home, farm, industry, public place (where?)
Prin Barren	Means of Injury Injured at work?
18. Funeral director	
Address Combridge O, Vhd.	Weddanniam MD
20 - 1 - 1 - 1	23. SIGNATURE
19. (Date rec'd by registrar) 18. (Date rec'd by registrar) Registrar	Address Jerlock Md. Bate stopped 21147



2411 N. Charles St., Baltimore (7-6)

01607

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

1. PLACE OF DEATH: County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Rural-Church Creek (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Dorchester
	City or town Rural-Church Creek (If outside city or town limits, write RURAL and give nearest town)
How long In above place of death?	
Church Creek	Street No. Church Creek ((frural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
J. Will Bradshaw	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE DF DEATH February 10 19 47 at 9:40P
6.(b) Name of husband or wife Justinia Barton	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
(Died 9/15/1936) 6.(c) If alive, give age years	19 10 2 4 19 4 7
7. Birth date of deceased (mo., day, yr.) June 30, 1862	and that t tast saw h alive on 19.17
8. AGE: Years Months Days It less than one day	Immediate cause of death
84 7 10hrsmin.	Carring Hoostate
9. Birthplace. Golden Hill, Dor. Co., Md. (Town, county, and state)	Due to
10. Usual occupation Retired	
44	Due to
11. Industry or business 12. Name	
12. Name Joseph W. Bradshaw 13. Birthplace Maryland.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mary Peasson 15. Birthpiace Maryland	Major findings of operations.
	Date of op.
16. Informant Mrs. Mary Spicer	Autopsy results
Address Golden Hill, Maryland.	
Burial (Burial, cremation, or removal, Which?) Burial, cremation, or removal, Which?) Burial (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory. Old Trinity Cemetery	
	Where did Injury occur? (City or town) (County) (State)
Location Church Creek, Maryland.	Injured at home, farm, Industry, public place (where?)
18. Funeral director LeCompte's Funeral Service	Means of Injury Injured 2t work?
Address Cambridge, Maryland.	Turstul
19. 2/12/ 10 47 John Macefo mis	23. SIGNATURE
(Date world by projetter)	Comment my Bate signed 212-1941

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore 93-7 CERTIFICATE OF DEATH 01608

Reg. Dist. No. 1190

1. PLACE OF DE	ATH: lester			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Croc	heron	***********************	URAL and give nearest town)	State Maryland County Dorchester	
How long In above place Hospital, Institution, or Croc	of death? LITE street address where cheron	death occurred	***************************************	City or lown Crocheron (If outside city or town limits, write RURAL and give nearest town) Crocheron (If rural, give LOCATION)	
How long in hospital or			***************************************	2.(a) If veteran, name war.	
3. (a) FULL NAME		Jane	Hhobe Bramble	3. (b) Social Security Number	
Female	5. Color or race White		in married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATHFebruary 12, 19, 47, 21, 9:30	А. м
6.(b) Name of husband Died 7. Birth date of deceased (mo., day, ye	1900		Bramble O If allve, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19	
8. AGE: Years 98		Days	If less than one day	Immediate cause of death DURATION Myocardial Degeneration servel	
10. Usual occupation 11. Industry or business	-	******************	Co., Md.	Due to. Due to. Due to.	S
13. Birthplace	aryland			Other conditions	
14. Malden name 15. Birthplace	Not Know	m		(Include pregnancy within 3 months of death) Major findings of operations	
16. Informant Hob	part Prit			Autopsy results	
17 Burás (Burial, cremation, Cemetery or cremator	or removal. Which?) Bethan	Date there	tery 14, 1947	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
			Co., Md.	Injured at home, farm, Industry, public place (where?)	•••••
Address Can	bridge,			25. SIGNATURE B. Shriver, Dip Med. Exam	
19. Tek 14	1947	luke	n & Villat	M. D. or other	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (466)

CERTIFICATE OF DEATH

01609 Reg. Diat. No. 116

1. PLACE OF DEATH: Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Church Creek	State Maryland County Dorchester		
City or town(If outside city or town limits, write RURAL and give nearest town)	Champh Capals		
How long in above place of death?	City or town		
Hospital, Institution, or street address where death occurred.	Street No		
How long in hospital or institution?	2.(a) If yeteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Addie Vickers Brannock	5. (0) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female white widowed	20. DATE OF DEATH. February 25, 19.47 at 4:30.P. M		
6.(b) Name of husband or wife William A. Brannock	21. I CERTJFY that death occurred on the date above stated; that t attended deceased from		
6.(b) Name of husband or wife	Legist 1946 to Felinary 25, 1947		
7. Birth date of	and that I last saw help alive on Fulginary 25 1947		
deceased (mo., day, yr.)	Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one day	Carrious of the pyloric end		
91hrsmin.	of the othersely 1 7 portly		
9. Birthplace Church Creek, Md.	Due to.		
(Town, county, and state)			
10. Usual occupation none	Due to		
11. Industry or business			
12. Name Thomas Vickers 13. Birthplaco	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Rowena Richardson			
14. Maiden name Rowena Richardson Md. Md.	Major findings of operations		
18. Informant Mrs. Gorman Hill	Autopsy results		
Church Creek, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 burial Date thereof 2/28/47. (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Old Trinity Churchyard	Where did injury occur?		
Church Creek. Md.	tniured at home, farm, Industry, public place (where?)		
Location	tnjured at home, tarm, Industry, Bublic place (wherer) Means of Injury Injured at work?		
18. Funeral director Le Compte Funeral Service Cambridge, Md.	means or injury		
Address Cambriage, Ma.	22 SIGHATURE Like Own herelith, M.D.		
1/28 1/2 las m. h 20	22 SIGHATURE M. D. or other		
19. (Date rec'd by registrar) Registrar	Address Carbiel harglad Date signed Feb. 27, 1947		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Dorchester	State Maryland County Dorchester
City or town. Cambridge. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 7 Years	City or town. Cambridge. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: 404 Academy St.	Street No. 404 Academy St.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war?
3. (a) FULL NAME	3. (b) Social Security Number
Anna G. Brown	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	2D. DATE DF DEATH February 10, 19 47, at 1:45A M
6.(b) Name of husband or wife Bernard B. Brown	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
(Died June 5, 1939) 6.(c) If alive, give age years	F26 (0) 19.47, to 19
7. Birth date of deceased (mo., day, yr.) Aug. 18, 1878	and that I last saw hat alive on Eller 19.6.7.
8. AGE: Years Months Days If less than one day	Immediate cause of death
68 5 22hrsmin.	auti delation of heart with pulmonays vedena 1/2/19
9. Birthplace Taylors Island, Dor. Co., Md. (Town, county, and state)	Due to Hisphersterner (VD
1D. Usual occupation Domestic	Due to
11. Industry or business Home	
12 Name Eugene Jones	Dither conditions
12. Name Eugene Jones 13. Birthpiace Maryland	
14. Malden name Elizabeth McClain	(Include pregnancy within 3 months of death)
14. Maigen name	Major findings of operations.
14. Malden name Elizabeth McClain 15. Birthplace Maryland	Date of op
16. Informant Mrs. Charles Creighton	Autopsy results.
Address Cambridge, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial (Burial, cremation, or removal, Which?) Date thereof. Feb. 12, 1947 (month) (day) (year)	, 22. VIOLENCE: If death was due to external causes, fill in the following;
	Accident, suicide, or homicide
Cemetery or crematory Bethleham Cemetery	Where did injury occur?
Location Taylors Island, Dor. Co., Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. LeCompte's Funeral Service	Meens of Injury Injured at work?
Address Cambridge, Maryland.	23. SIGNATURE and Le Thompson UID
19. 2/12 18 47 John Mac Se me Registrar	M. D. or other



2411 N. Charles St., Baltimore 93-4

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CERTIFICATE OF DEATH

		./.
eg.	Dist.	No. 1/60

1. PLACE OF DI	Dorches	ter		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	Cambridg	e. F	R.F.D.#2	state Maryland county Dorchester		
(lf	outside city or town li	mits, write I	R.F.D.#2 RURAL and give nearest town) of life	Cliy or town Cambridge R. P. D. #2 (If outside city or town limits, write RURAL and give nearest town)		
How long in above plac	e of death?or street address where		· · · · · · · · · · · · · · · · · · ·			
	Cordtow	m	***************************************	Street No. Condtown (If rural, give LOCATION)	•••••••	
				2.(a) If veteran, name war		
3. (a) FULL NAM	IE			3. (b) Social So	ecurity Number	
	Charle	s We	esley Bryan			
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION	ON	
male	colored	lored married		20. DATE OF DEATH. February 19	47 at 7 P. M	
6.(b) Name of husband	or wife	ia Br	yan	21. I CERTIFY that death occurred on the date above stated; that I atten		
			c) If allve, give ageyears	X		
7. Birth date of deceased (mo., day,		•••••••••••••••••••••••••••••••••••••••	1871	and that I last saw halive onX	19	
8. AGE: Year		Days	If iess than one day	Immediate cause of death	DURATION	
7	6 x	x	hrsmin.	Chronic Myocarditi	4.3	
	Marylan	d		Arterio-sclerosis	months	
9. Birthplace	(Town.	county, and	state)	Due to		
10. Usual occupation.	Labo	rer	•••••	D. A.		
11. Industry or busines	s Fa	rm		Due to		
邕 12, Name	Charles W	. Bry	ran	Dther conditions X		
12. Name			Md.			
Maiden name	х			(Include pregnancy within 3 months of denth)		
14. Maiden name.	******************************		ld.	Major findings of operations	***************************************	
	Emmo Br	2750 10		Date of o	p	
16. Informant			5 7 5 70	Antopsy results		
Address	- Completion		R.F.D.#2	22. VIOLENCE: If death was due to external causes, fill in the following		
17. O Color (Burial, cremation	Soun	Date there	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremato	Ntu 21	Lins	(month) (day) (year)			
Cemetery or cremato	000 -0	-	0.2/010	Where did injury occur? (City or town) (County)		
Location		in	a comment	injured at home, farm, industry, public place (where?)		
1B. Funeral director.	Leust	1150	ynen	Means of Injury Injured at wo	rk?	
Address				for Kithain Add	Hed. Exam	
2/21 62 20 20 200				23. SIGHATURE TO Shriver Daf. M.	M. D. or other	
19. (Date rec'd by registrar) 19. Solum Masse for Internal Registrar				Address Cambridge, Md. Date	signed Feb. 20/47	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

286



CERTIFICATE OF DEATH

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ADING INK. Supply every item of Physicians: please write the causes

PLAINLY, WITH UNF is especially important.

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Reg. Diat. No. 116

1. PLACE OF DEA' County Dorche	TH: ester			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Clly or town				State Maryland County Queen Anne's Co. City or town Baltimore City (If outside city or town limits, write RURAL and give nearest town) Street No. 2814 Boarman Avenue		
			2 months 4 days	(Ifrural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME	ASTITUTION ?	J		2.(a) II veterali, name war	3. (b) Social Security	
	min Frank	lin Bu	nch		3. (b) Social Security	Mamoet
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
male	male white widowed			20. DATE OF DEATH February	11, 1947	, at 2 PM
			• Bunch	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from November 8, 19. 45, to February 11,9. 47		
7. Birth date of			c) If alive, give ageyears	and that I last saw h im alive on Febru		
deceased (mo., day, yr.			18//	Immediate cause of death		
8. AGE: Years	Months 11	Days 27	hrsmin.	Broncho-pneumon		
9. BirthplaceS.t.	(Town,	county, and		Due fo. Cerebral arterio		
11. Industry or business				Due 10	••••••••••••	•
12. Name	oshua Jac Maryl		unch	Dther conditions		•••••••
				(Include pregnancy within 3 i		
15. Birthplace	unknown		4			
14. Maiden name unknown 15. Birthplace unknown 16. InformanEastern Shore State Hospital record				Antopsy results	hich death should be charged	statistically.
17(Burial, cremation,	1/1/11	Date then	VIII- 134-4-1	22. VfOLENCE: If death was due to external can Accident, suicide, or homicide Where did injury occur?	Date of	
Location	Leven	sug	ue mg	Injured at home, farm, Industry, public place (w		
18. Funeral director assule El promany VAM				Means of Injury	Injured at work?	
Address Ex	str	1-m	a	23. SIGNATURE	1 Bush	Mar Al
19,	19 4	7	hu Mace Jo. M. Registrar	Grace M. Bransc	1 2	1

Cambridge, Maryland



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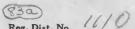
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2411 N. Charles St., Baltimore

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	Line La		CERTIFICA	TE OF DEATH Reg. Diat. No	1110	
1. PLACE OF DEATH: County Dorchester				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or fown(If	outside city or town lin	t Ne	wMarket URAL and give nearest town) life	state Maryland county Dorchester City of fown East NewMarket		
nospital, institution, o	e of death?	leath occurred		City or fown. BAST NewMarket (If outside city or town limits, write RURAL and give ne Street No. X	arest town)	
	or Institution?			(If rural, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NAM		gie	Camper	3. (b) Social Security	Number	
4. Sex female	5. Color or race		married, widowed, or divorced	MEDICAL CERTIFICATION	-	
			-0	20. DATE OF DEATH February 21 1947	5-30P.	
6.(b) Name of husband				21. I CERTIFY that death occurred on the dafe above stated; that I ettended dece		
7. Birth date of deceased (mo., day,		b.(c	16 alive, give ageyear	and that I last saw halive on		
8. AGE: Year 75		Days	If less than one day	Immediate cause of death Cerebral Haemorrhage	l day	
9. Birthplace Maryland (Town, county, and state)			ate)	Due to Arterio-sclerosis	?	
10. Usual occupation. 11. Industry or busines		work x		Due to	***************************************	
			aryland	Dther conditions X		
14. Malden name Margaret Pinkett				(Include pregnency within 3 months of death) Major findings of operations.	1-	
16. Informant Jennie Johnson				Autopsy results		
Address La	st NewMar	ket.	Md.	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
17 Burial (Burial, cremation, or removel, Which?) Date thereof Feb. 24 1949 (month) (day) (year)			(month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory				Where did injury occur?	(State)	
Location	ast ne	w 7	Market M.	Injured at home, farm, Industry, public place (where?)	***************************************	
18. Funeral director	24 1	Iru	laughly & S.	Meens of injury Injured af work?		
Address East new Market md.				23 STORTURE TY. Shring Del Med	or other	
19. July 22 (Date rec'd by re	19.4.7	Elya	beth, C. Smith			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN-RESERVED FOR BINDING

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VS A15

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83

2. USUAL RESIDENCE (HOME) OF DECEASED:

01616

CERTIFICATE OF DEATH

Reg. Diat. No. 116 0

County Dorchester	(For newborn infants give residence of mother)	
City or town Rural-Cambridge (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Dorchester	
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 6. Months. Hospital, institution, or street address where death occurred: RFD # 3	City or town Rural-Cambridge (If outside city or town limits, write RURAL and give nearest town) Street No. RFD # 3 (If rural, give LOCATION)	
How long to hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME		
Sarah J. Carpenter	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Widowed	20. DATE OF DEATH. February 12, 1947 at 4:30Pm	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION DURATION DURATION DURATION	
84 - 17hrsmin.		
9. Birthplace Greenwich, Conn. (Town, county, and state)	Due to	
	Due to	
11. Industry or business —		
E 12. Name Wm. R. Sherwood 13. Birthplace New York State	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name. Sarah M.	Major fiadiugs of operations	
15. Birthplace U.SA.		
16, informant Frank J. Cox	Date of op.	
V Section 1 - Control of the Control	Antopsy results	
Address Harrison, New York	22. VIOLENCE: It death was due to external causes, till in the toilowing;	
Burial Burial Bate thereof Feb. 17, 1947	Accident, suicide, or homicide	
Gemetery or crematory Friends Cemetery	Where did injury occur?	
Location Purchase, New York	Injured at home, farm, Industry, public place (where?)	
18. Funeral director LeCompte's Funeral Service	Means of injury Injured at work?	
Address Cambridge, Maryland.	le a le a m	
19	23. SIGNATURE CASARELLE Many and M. D. or other Address 13 6 Race & Date signed 2/13/42	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13.8

CERTIFICATE OF DEATH

01617

Reg. Dist. No. //C

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County (If outside city or town limits, water RURAD and givenearest town) Street No. (If rural, give LOCATION) 2.(a) II veteran, name war.
3. (a) FULL NAME_ /	3. (b) Social Security Number
Thomas Tens chair	o. (o) botter becarty framet
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Colored Single	20. DATE DE DEATH TEATH 2 3 1941 212:00 a M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	tetrus 7 19 47 to Helmy 23 1941
7. Birth date of C. C. It alive, give ageyears	and that I last saw h alive on 19 17.7
deceased (mo., day, yr.) July -9 - 1930	Immedialy cause of death
8. AGE: Years Months Days It less than one day	Vulmony Hemonty Sdy
7 / 5 / 7hrsmin.	
9. Birthplace (Town, equity, and spate)	Due to Sulmon, Juliusla 12
10. Usual occupation	Our de
11. Industry or business	003 10
E 12. Name machin Chase	Other conditions Park Opel T, (3, Kelley
12. Name mackson chase 13. Birthplace Cambridge md.	an 1746
E Netter	(Include pregnancy within 3 months of death)
14. Malden name. Heter Johns Worchester	Major findings of operations.
A / ///	Date of op. Gary 1946
18. Informant Madeux Chair	Autopsy results.
Address Washerigher St. 4 - Cambridge Ind	PHYSICIAN: Please uoderline the cause to which death should be charged statistically.
The Contraction of the State of	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Allen	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Lewis H. Banynem	Means of Injury Injured at work?
Address Cambridge mo	A. a. A. A.
14 66 000 000	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) (Bate rec'd by registrar) (Registrar)	Address In tech Th Date signed 2 - 25.47

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

(1618) Reg. Dist. No. 116

1. PLACE OF DEATH: county Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	Slate Maryland County Dorchester	
City or town. Cambridge (If outside city or town limits, write RURAL and give nenrest town)		
How long in above place of death? One Year	City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. 100 Willis St.	
100 Willis St.	(if rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Wilbert S. Dean	213-07-5418	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	20. DATE DF DEATH February 2, 1947 21 11:10A	
NT - 2 3 & - 32		
6.(b) Name of husband or wife. Nellie Bramble	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4	
7. Birth date of		
7. Birth date of deceased (mo., day, yr.) July 28, 1892	and that I last saw h. Amalive on J. 2 h. 2 f	
8. AGE: Years Months Days If less than one day	Immediate cause of death	
54 6 4hrsmin.	Coronary occlusion / min.	
9. BirthplaceWingates, Dor. Co., Md.	Due to Coronary Monto	
10. Usual occupation Merchant	0	
	Due to	
11. Industry or business Resturant		
E 12. Name John D. Dean 13. Birthplace Maryland	Bther conditions	
≦ 13. Birthplace Maryland	(Include pregnancy within 3 months of death)	
14. Malden name Mary D. Johnson 15. Birthplace Maryland		
E Many land	Major findings of operations.	
	Dale of op	
16. Informant William G. Baker	Antopsy results	
Address Cambridge, Maryland		
	22. VIOLENCE: If death was due to external causes, fill in the following;	
17. Burial Bate thereof Feb. 4, 1947 (month) (day) (year)	Accident, sulcide, or homicide	
Cemetery or crematory	Where did Injury occur?	
Location	Injured at home, farm, Industry, public place (where?)	
	Moans of Injury Injured at work?	
18. Funeral director LeCompte's Funeral Service	0 /	
Address Cambridge, Maryland.	as CLANSTUDE Laurence Maryanov	
	M. D. or other	
19. 2/5-/ 19.47 John March M. Registrar	Address 136 Race St. Campudge Mrs. signed 7ef. 3, 1947	



RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10



01619

CERTIFICAT	TE OF DEATH Reg. Diat. No. ///
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?. Nospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Darklester City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Eugene Isaac Dukes	3. (b) Social Security Number
Male Thite Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH FLAT 19. 21/45 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4.
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
9. Birthplace	Due to.
12. Name Dukes 13. Birthplace Sucktown M. Dov. Co. 14. Maiden name Dane Dove Vola vale	Other conditions
16. Informant East new market ma	Autopsy results
(Burisi, cremation, or removal. Which?) Cemetery or crematory Gay (Jay) Cemetery or crematory	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Address The Market Mar	Injured at home, farm, Industry, public place (where?) Meene of Injury Injured at work?
19. Feb. 17 1947 Elizabeth C. Smith (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other M. D. or other Date signed 21/1/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 472)

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

	Neg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)
County Williams	M. C. A. A. A. A.
City or fown. (If outside city of town limits, write RURAL and give nearest town)	* 4 1
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 2 2 3 - Column YF
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) II veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Floras Chly.	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Colored married	20. DATE OF DEATH Lebruary 2, 3, 19.47, 21 8:50 a.
Plain Plan	
6.(b) Name of husband or wife	21, I CERTIFY that death occurred on the date above stated; that I affended deceased from
7. Birth date of	and that I last saw h and alive on Address 22/ 1947.
deceased (mo., day, yr.) Manch 15° 1889	Immediais cause of death. DURATION
8. AGE: Years Months Days If less than one day	Caremona Lungs 5 mm
57 11 8min.	ahr Mysenditil 6ma
9. Birthplace Manticoke - Someset lo. mol.	Due to.
(Town, county, and state)	The state of the s
10. Usual occupation Salvo	Due to
11. Industry or business	
12. Name Surge Engly 13. Birthplace Wanticke Somest Co. md.	Other conditions
13. Birthpiace Wanticike Someret Co. md.	
	(Include pregnancy within 3 months of death)
5 - 1 0 1 1	Major fiediogs of operations
\$ 15. Birthplace Nanticipe Somerut lo. md.	Date of op
16. Informant Mu - Club agus	Actors y results
Address 225 Addar St.	
17. Burial, cremation, or remoyal. Which?) Oate thereof. Feb. 27 (44-7) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
	Accident, suicide, or homicide
Cemetery or crematory Nanticoke Ceme	Where did Injury occur?
Location Nanticuke Som. Co. NId	Injured at home, farm, Industry, public place (where?)
18. Funeral director It M Stlair & Boxi	Meens of Injury Injured at work?
1 10 M	
Address thinbridge	23. SIGNATURE CONSULT MY OF Clan Wh
19, (Date rec'd by registrar) 19 27 John Macule 7	M. D. or other
(Date rec'd by registrar) Registrar	Address

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correct age

K. Supply every item of information carefully. The please write the causes of death clearly and legibly

PLAINLY, WITH UNFADING IN is especially important. Physicians

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PLEASE WRITE



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 836

CERTIFICATE OF DEATH

01621 Reg. Dist. No. 1160

1. PLACE OF DEATH: County Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)		state Maryland county Dorchester		- 25.5	
City or town	outside city or town lir	mits, write RURAL and give nearest town)			
How long in above place	e of death?	Years		s, write RURAL and give nearest town)	
	r street address where d				
			(If rural, give		
		-	2.(a) If veteran, name war		
3. (a) FULL NAMI		R. Evans		3. (b) Social Security Number 213-12-5033	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CF	ERTIFICATION	
Male	White	Widowed	2D. DATE OF DEATH Februa:		15P M
a (1) Name of hychand	Louis	e Adams	21. I CERUFY that death occurred on the date above	ve stated; that I attended deceased from	
(Died Je	or wite	36) 8.(c) If alive, give age	Jan - 31 19.	47 10 7eb. 8 19	47
7. Birth date of			and that I last saw h in alive on		
deceased (mo., day, y		27, 1866			ATION
8. AGE: Years		Days If less than one day	Immediate cause of death. Hem	orrhage 10	day
80	10	11hrsmin.		0	
9. Birthplace. Smi	th Islan	d, Wo. Co., Md.	Due to Essential Her	les le sain	
10. Usual occupation	Foreman		Due to.	W. W	
11. Industry or bustness	· Phiklip	s Pkg. Co.			
12. Name. Joh 13. Birthplace N	in T. Eva	ns	Other conditions		
13. Birthplace M	Maryland				
	Margaret	E. Messick	(Include pregnancy within 3 m		
15. Birthplace IV	Maryland		Major findings of operations		
Mid a	Ta Pogo T	ee Evans			
			Antopsy results	sich death should be charged statistically.	
		Maryland.	22. VIOLENCE: If death was due to external caus		
17 Buria (Burial, cremation,	, or removal. Which?)	Date thereof Feb. 11, 1947 (month) (day) (year)	Accident, suicide, or homicide		
		w Market Cemetery	Where did injury occur?(City or town)	(County) (State)	
		rket, Maryland.	Injured at home, farm, Industry, public place (wh		
		s Funeral Service	Means of Injury	Injured at work?	
Address Cam	bridge, 1		23. SIGNATURE Laurence /	Maryanov	
19. Date rec'd by res	11./ 19./27	John Maceck. Me Registrar	Address 136 Race St. Ca	M D on other	0/47



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MARYLAND STATE DEPARTMENT OF HEALTH

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2411	N.	Charles	St.,	Baltimore	(46.6

CERTIFICATE OF DEATH

0.07	Dist	No	116
og.	Dist.	ATU.	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland county Vorabules
(If outside city or town limits, write/RURAL and give nearest town)	00
How long in above place of death? 30 years	City or town
Hospital, Institution, or street address where death occurred:	Street No. 227 Race 21.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME A	2 (1) 5 - 1 5 - 1 - 1 - 1 -
Eurith L. Fitzgera	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed or di forded	MEDICAL CERTIFICATION
Male white Married	20. DATE OF DEATH Feb 24 1947, 21 9 A
Mary & Lunch	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	FUL 23 1947 10 FUL 24 1947
7. Birth date of	and that I last saw h. Wer alive on File 2 4 , 18 V >
deceased (mo., day, yr.) april 6 - 1878	
8. AGE: Years Months Days It less than one day	Immediate cause of death
68 10 18hrsmin.	
Fourel , Mel.	and supplier with
9. Birthglace	Due to grandlegel pentoute
(Town, equaty, and state)	
10. Usual occupation.	Due to
11. Industry or business	
12 Name Victoranes Sitzgerala	Dither conditions
12. Nam Westraues Sitzgerala 13. Birtholace & Wisoning Co.	
	(Include pregnancy within 3 months of death)
= 14. Maiden name	Major findings of operations
14. Maiden name Cleygona S. Fleisligs 15. Birthplace Wisours Co.	Date of op.
ma to all tits accorded	Autopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Cacubridge Ma	22. VIOLENCE: If death was due to external causes, fill in the following:
17 / Durial Pate thereof 2 - 76 - 47	
(Burial, cremation, or removal. Which?) (month) (day) (vear)	Accident, suicide, or homicide
Cemetery or crematory Cast Few Tarket	Where did Injury occur?
Location Cost New Market, ma	Injured at home, farm, Industry, public place (where?)
Totalion For Sel D Sel	Msans of Injury Injured at work?
18. Funeral director cullett A. Ousuns	
Address Cambridge md	OR SIGNATURE CARROL CA PROCENTION MIST
1- 000 000	23. SIGNATURE M. D. of other
19. (Date ree'd by registrar) Registrar	Address Country da Date signed Felt 25



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-70

CERTIFICATE OF DEATH

Rec. Dist. No. 100

CERTITICAL	Reg. Dist. No.
1. PLACE OF DEATH: County (If outside city or town limits, write RURAL and give nearest town) How long In above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULDNAME Capturonia Alggues. 4. Sex 5. Color as race 6. (a) Side le, pravied, prior del, prior del	3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single, prapried, widowed, or divorced	MEDICAL CERTIFICATION
Temale where plan	20. DATE OF DEATH LEDICOL 14 19 LY 21/25 UP M
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Junuary 1 1947, to depresent 1947
7. Birth dale of deceased (mo., day, yr.)	and that I last saw h. R. alive on Ahlas Decays DURATION
8. AGE: Years Months Days If less than one day hrsmin.	Breege of death Branches DURATION
9. Birthplace (Town, county, and state)	Due to Coronic My accountables' &
11. Industry or business 7	Duo to V esterollulis
12. Name John John John Janes 13. Birthelige 2 700 D	Diher conditions
14. Malden name Frounce Adams 15. Birthplace 71. d.	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birtholace 721d	Date of op.
16. Informani Meldred Hyggrus	Autopsy results. Milk
Address There los the	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Miles Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or cramatory Genetery	Where did injury occur?
Location & at Ment Markety	Injured at home, farm, Industry, public place (where?)
18. Funeral director The Milloughter	Means of Injury Lajured af work?
Address Let You Morket	23. SIGNATURE July Stunery
19. Fleb 17 - 19.47 Chase Harting Registral	Address Tierler Duyler Bate signed 725 hr

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MARYLAND STATE DEPARTMENT OF HEALTH

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- 1	/	

	TE OF DEATH	Reg. Dist. No.116	5
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
County. Dorchester City or town.Campridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, instilution, or street address where death occurred:	State Maryland City or town Tilghmans (If outside city or town lin	County Talbot	
How long in hospital or institution?	2.(a) It veteran, name war. X		
3.(a) FULL NAME Charles C. Jackson		3. (b) Social Security Nu	mber
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced White Widower	MEDICAL 20. DATE OF DEATH Sulmany	CERTIFICATION	4 P.
6.(b) Name of husband or wife			
7. Birth date of deceased (mo., day, yr.) 8/24/1884	and that I last saw halive on		19
8. AGE: Years Months Days If less than one day	n. Immediate cause of death	H. L. A.	DURATI
9. Birthplace			
11. Industry or business X Wm. J. Jackson 12. Name Md.	Diher conditions		
14. Malden name Sarah L. Covington 15. Birthplace Md.	(Include pregnancy within Major findings of operations.		
16. Interment Frank Jackson Address Md. (Tilghmans)	PHYSICIAN: Please underline the cause to	which death should be charged state	
17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Tilghamans Date thereof 2/22/47 (month) (day) (year)		Date of July	State)
Tilghmans, Md. 18. Funeral director LeCompte Funeral Service. Address Cambridge, Md.	Means of Injury Peral Store	Injured at work?	e de
Combassiana Ma	28. SIGNATURE S. Shriver.	Defe Mid Date signed de	ot

MARGIN RESERVED FOR BINDING



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-2) CERTIFICATE OF DEATH

D	Disa	BY.	1160
Keg.	Dist.	IAO.	

1. PLACE OF DEATH: Darchester	2. USUAL RESIDENCE (HOME) OF DECEASED: For newborn infants give residence of mother)
County	maruland desclerate
(If outside city or town limits, wile RUKAL and give nesreat town)	0001
How long in above place of death?	City or town()f outside city or town limits, write R()RAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 402 Maryland and.
402 Maryland arewe	(If rural, giv LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Di Clinton Time	anon 215-20-0490
4. Sex 5. Color of race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male while married	20. DATE OF DEATH February 26 19 47 1 1260
Manie V. albrittan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Name of husband of wife	20 6 1944 10 Feb 26 1947
7. Birth date of Day 2 1876	and that I last saw busculive on 7 el 26 19 47
deceased (mo., day, yr.) Day 9-1816	Immediais cause of death
8. AGE: Years Month Days If less than one day	Coroney occlusion 30min.
. 10 9 11hrsmin.	
La Linka R.F. D.	man Orterio relevative Cardes-
9. Birthplace (Town, county, and tate)	Vaccular Ernal disease 3 seast
10. Usuai occupation Waterman - Officer	Due to
11. Industry or business State Police Borat	DUE 10
12. Name Will Harris Russiana	Other conditions Brownelisal asthrue 18 gears
12. Name Dave Rose Rose 13. Birthplace	
	(Include pregnancy within 3 months of death)
14. Maiden name Disuced require Passett 15. Birthplace 15. Birthplace	Major findings of operations. Zestu-
	Date of op.
16. Informant rs. W. C. Kumanean	Autopsy results.
Address Maruland are Cambridge, ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 1 1 12 1 2 20 10 47	22. VIOLENCE: if death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day), (year)	Accident, suicide, or homicide
Cemetery or crematory Docchester Memoriae Facte.	Where did Injury occur?(Oity or town) (County) (State)
Centerly of Crematory	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director Levella K. House	means of injury
Address Chulludge, med	23 SIGNATURE CLASSINGS AWOOFFULD
Mary 42 John Mace & mi	M.D. or other
19. Mar 19 47 John Mace of Mu (Date rec'd by registrar) Registrar	Address Olubridge 1/No. Date signed 2 2 4 1



2411 N. Charles St., Baltimore 93-2)

CEDTIFICATE OF DEATH

		CERTIFICA	TE OF DEATH	Reg. Dist. No. 110
1. PLACE OF DO			2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED:
City or town Ru	ral-Andre	WS		
City or town Rural-Andrews (If outside city or town limits, write RURAL and give nearest town)				
	ce of death?	Years		ts, write RURAL and give nearest town)
Ноз	me-Andrew	S.		e LOCATION)
		-	2.(a) If veteran, name war.	
3. (a) FULL NAM			2.(9) II reterall, liame wal	
		James Herman Lewis		3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Male	White	Married	20. DATE OF DEATH. Februa	ry 5, 19 47 at 1:15P
6.(b) Name of husbani	d or wife Viol	a Hughes	21. I CERTIFY that death occurred on the date ab	ove stated: that I attended deceased from
			Julia 29 19	96 10 Jan 78 1947
1. Birih date of	A		and that I last saw h. alive on	1997
8. AGE: Year		Days If less than one day	Immediate cause of death lakerone	DURATION
76		1hrsmln.	culity	1 gen
9. Birthplace Bi	valve, Ma	ryland	Due to	
1D. Usual occupation	manor er.	***************************************	Due to	***************************************
11. Industry or busine			-	
	ohn Lewis		Other conditions	
13. Birthplace	Maryland		(Include pregnancy within 3	
H 14. Malden name	Not Know	wn		
14. Malden name 15. Birthplace	11 11		Major findings of operations	
	s. Viole	Lewis	-	
			Autopsy results	
	rews, Mary		22. VIOLENCE: If death was due to external car	
17 Buri	ial n, or removal. Which?)	Date thereoffeb. 9, 1947 (month) (day) (year)		
		ns Cemetery (gear)		
			(Oity of town)	
		, Dor. Co., Md.	Injured at home, farm, Industry, public place (w	there?)
		s Funeral Service	The state of the s	Jaroe at north
Address Can	mbridge, I	Maryland.	P 24 5	
10 2/9	1 .47	John much 3	3. SIGNATURE P. H. Tacces	M. D. or other
(Date rec'd by re	egistrar)	Registrar	Address Romal Grander	Date signed > 18/147

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

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CERTIFICATE OF DEATH

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	Des Dist No	11	1
	D DI . N	116	12

	Reg. Diat. No.	
1. PLACE OF DEATH: County City or town. (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 240 (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME NOUR ON SEX 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION	
mal Corde mandan	20, DATE OF DEATH FUL. 17. 19.47 at 7	a.
6.(b) Name of husband or wife 6.(c) If alive, give age years T. Birth date of	2D. DATE DF DEATH	
deceased (mo., day, yr.)	Immediais cause of death Decrut Farlus DURAT	FIDN
8. AGE: Years Months Days If less than one daymin.	1mo	
9. Birthplace Chulen (Town, eounty, and state)	Due to Starvation 2 mg	
1D. Usual occupation The Total State of the	Due to Ca Storeach (?)	
11. Industry or business 12. Name 13. Birthplace 13. Birthplace 14. Constant 14. Constant 15. C	Dther conditions	
14. Malden name Miller Franklin 15. Birthplace Delaw begge nd	(Include pregnancy within 3 months of death) Major findings of operations	
E 15. Birthplace & day of the all the		
16. Informant John Mookers	Antopsy results	
Address 17. Company (Chief thereof (Chief (Month) (day) (year)	Accident, euicide, or homicide	
Cemetery or crematory.	Where did Injury occur?	***********
Location Man Man Man Man Man Man Man Man Man Ma	Injured at home, farm, Industry, public place (where?)	**********
18. Funeral director Llings Has us meur	Means of Injury Injured at work?	
Address Colored Special Section 1990	23. SIGNATURE / Course a house M. D. or other	3.,
19	Address franchiscop MM Date signed Feb. 10	847

ly every item of information carefully write the causes of death clearly and MARGIN RESERVED FOR BINDING PLAINLY, WITH UNFADING INK. Sup-is especially important. Physicians: please

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0162850

Reg. Dist. No. 116

1. PLACE OF DEATH: County Dorchester City or town Fishing Creek	2. USUAL RESIDENCE (HOME) (For newborn infants give residence) State Maryland	
(If outside city or town limits, write RURAL end		
How long In above place of death? Life	City or town	eek mits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: Fishing Creek	street No. Fishing Cr	
	(If rurai, g	give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME		3. (b) Social Security Number
Betty Tyler		-
4. Sex 5. Color or race 6.(a) Single, married, wi	MEDICAL	CERTIFICATION
Female White Widow	ed Pare ne neath Febru	ary 13 19 47 at 2:50A M
6.(b) Name of husband or wife John H. North	21. I CERTIFY that death occurred on the date	
(Died 8/29/1925)	Qu.	1995 10 PUC 13 1887
(Died 8/29/1925) 6.(c) If all ve, giv	ve ageyears and that I last saw have alive on T.	Lr. 12 1947
deceased (mo., day, yr.) Nov. 11, 1870.	Immediate cares of death	DUBATION
8. AGE: Years Months Days It less th	han one day	and two
	hrsmin.	
9. Birthplace Fishing Creek, Dor. (Town, county, and stete)	Co., Md. Due to.	Zoya,
1D. Usual occupation		»·····
11. Industry or business	Due to	
E 12. Name Matthew T. Tyler	Other conditions	
13. Birthplace Maryland		
14. Malden name Angeline Creighton 15. Birthplace Maryland 15. Informant Mrs. Preston Creighton	n (Include pregnancy within	3 months of deeth)
E 15 Birthaloss Marry land	Major findings of operations	
16, Informant Mrs. Preston Creight		Date of op
I Ve HITUI III alit Laccionation in the second contraction of the seco	DUVELCIAN DI I I' di A.	which death should be charged statistically.
Address Fishing Creek, Maryl	BIId.	
17. Butial Date thereof Feb (Buriel, cremation, or removal, Which?)	onth) (dev) (vest) Accident, suicide, or homicide	X
Cemetery or crematory Hoosier Memorial		
	(City of town	(County) (State)
Location Fishing Creek, Mary	land. Injured at home, farm, industry, public place	(where?)
18. Funeral director LeCompte Funeral S	ervice Means of Injury	Injured at work?
Address Cambridge, Maryland.	An	moade b. D.
19. Det. 14 19×7 danues	Sheare 23. SIGNATURE Vision G	M. D. or other Rote signed NW: 14/K2



2411 N. Charles St., Baltimore (6)

CERTIFICATE OF DEATH

	0	1	6	2	y		-	
Reg.	U	Shirt-		- /	1	0	0	

1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME annie . L. Payne	3. (b) Social Security Number
4. Sex 5. Color or race B.(a) Single, married, will towed, or divorced Female White Willows	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) fore 201870	and that I last saw h. R. C. alive on
8. AGE: Years Months Days It less than one day	3 day
9. Birthplace(Town, county, and state)	Due to Geterios cleratic Heat Disuse 5 pes
10. Usual occupation	Due to De kinetes 14/2/11/40 10/20
12. Name Hilliam Harper	Other conditions Faucture Think by Jennes 14ms
14. Maiden name Oliva Hubbard	(Include Bornspey within 3 months of death) Major findings of operations.
15. Birthplace	Date of op.
16. latormant Musalice Oskel	Autopsy results
Address Date thereof July 15 1947	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
(Burial, cremation, or removal. Wbich?) (month) (day) (year) Cemetery or crematory.	Where did injury occur?
Location Survoots	Injured at home, farm, industry, public place (where?)
Fild Milling Relies	Means of Injury tnjured at work?
Address Gast New Market	Le Ba
19. Feb 15 1947 Chest Lastingo Registrar	Address Te fre Marguer Date signed 02/15/47





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PLEASE WRITE PLAINLY, WITH UNF is especially important.



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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible

PLEASE

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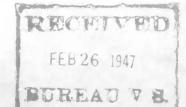
D STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Di	at. No	116
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1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stat Maryland County Dorchester City or town Cmabridge (If outside city or town limits, write RURAL and give nearest town) Street No. Bunker, St (If rural, give LOCATION) 2.(a) It veteran, name war		
Annie E. Price 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female W Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH 22 Feb. 147 at 11.50A		
6.(b) Name of husband or wife Charles E. Price	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of Tours of Tour	and that I last saw halive on		
deceased (mo., day, yr.) June 1875 8. AGE: Years Months Days If less than one day	Immediate cause of death		
72 7/ 8min.	Berbat Hamorhay I way		
9. Birthplace Crisfield, Md. (Town, county, and state) 10. Usual occupation. Housewife 11. Industry or business 12. Name. No.t. Anown 13. Birthplace	Due to. Due to. Diher conditions Assame Myocaaitia		
14. Malden name Not Known 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations		
Address Bunker St; Cambridge, Md. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Feb. 24, 1947	Autopsy results		
Cemetery or crematory			
Location Cambridge, Md. 18. Funeral director Le Comptes Funeral Service	Injured at home, farm, industry, public place (where?)		
18. Funeral director Le Comptes Funeral Service Address High St. Cambridge, Md. 19. Jet. 24, 19. 7 John Mace & Me. (Date rec'd by registrar) Registrar	28 SIGNATURE T. Shriver Dat Med. Exam.		



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Evidence for the change of age is alaum on MARY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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٠.	Dist.	No.	- miles	none.	~	

		CERTIFICA	TE OF DEATH	Reg. Diat. No	16
How long In above p Hospital, Institution How long in hospita 3. (a) FULL NA	nbridge If outside city or town li lace of death? , or street address where		City or town Tilghmans, (If outside city or town lim Street No. X	OF DECEASED: of mother) County Talbot iits, write RURAL and give nea	arest town)
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL O	CERTIFICATION	-
Male	White	Married	70		u n
				ary 8 19.4.1	
6.(6) Name of husb	and or wite KNAX	XANEXX	21. I CERTIFY that death occurred on the date a	and the same of th	
7 Bloth data at		6.(c) If alive, give ageXyears	1		19
7. Birth date of deceased (mo., da	ay, yr.)11/8/18	82	and that I last saw halive on		19
8. AGE: Y	ears Months	Days It less than one day 10hrsmin.	Immediate cause of death	•	OURATION
9. Birthplace	Tilghmans (Town,	Md.		lon oxide	***************************************
10. Usual occupation		an	Oue to		***************************************
	Thomas R	ichardson		***************************************	***************************************
12. Name	Md	•••••••••••••••••••••••••••••••••••••••	Other conditions		***************************************
			(Include pregnancy within	3 months of death)	
14. Maiden na	meEmmaJ.01 Md	nes	Major findings of operations	Oato of op	
16. Informant	Mrs Thoma: Tilghman	s Richardson	Autopsy results		statistically.
17. Burial Date thereof 2/21/47 (Burlal, cremation, or removal, Whieb?) Cemetery or crematory. Tilghmans		22. VIOLENCE: It death was due to external control of Accident, suicide, or homicide	dent Date of the	[18]47 !Ud	
Cemetery or cren	Tilghman		(City or town) (County)	(State)
		Funeral Service.	Meens of Injury Boal Store	Injured at work?	es Kun
Address	Cambridge		22 STORTHES / Shrin	a. Des. Mea	. Exam.
19	-/ 19.47 registrar)	John many many megistrar	Address Came On Age	M. D. o	or other

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-1)

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CERTIFICATE OF DEATH

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Reg.	Dist.	No.	116	Q

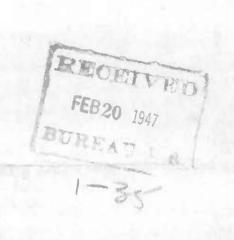
1. PLACE OF DEATH: Wordlester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give reaidence of mother)
County	State Marcyland County Norchester
(If outside city or town limits, write RURAL and give nearest town)	() On a 120
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Rural
	(tf rural; give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war. World War 7
3. (a) FULL NAME Tilbre C. Robin	3. (b) Social Security Number
4. Sex 5. Color or race (6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH 3 19 47, 21 12:30 M
Betty Breeden	21, I CERTIFY that death occurred on the dafe above stated; that I attended deceased from
6.(b) Name of husband or wife) - R 3 1946 10 Jac 27 1947
	and that I last saw him callive on the 16 1947
1. Birth dafe of deceased (mo., day, yr.) Nov 7, 1892	
8. AGE: Years Months Days If less than one day	sumediate cause of the control of th
54 3 6hrsmin.	and the second
Crapo	Due to.
9. Birthplace (Toyn, county, and atate)	- Due (C.
10. Usual occupation. Drocery Stora Operator	Due to.
11. Industry or business	
12. Name Jeanse 1. Cobrusou	Dther conditions.
12. Name Jeanse Novursur 13. Birtholace	
	(Include pregnancy within 3 months of death)
14. Maiden name turns Bradford 15. Birthplace Place Co.	Major findings of operations
€ 15. Birthplace	Date of op.
Mrs Betty Robinson	Autopsy results
16, Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Cajoo VVV	22. VIOLENCE: If death was due to exfernal causes, fill in the following:
17 Durish Bate thereof 2 - 16 - 194	
(Burial, cremation, or replace) Which?) (month) (day) (year)	
Cemetery of orometery therefore	Where did injury occur? (City or town) (County) (State)
Crawo mais	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured af work?
18. Funeral director.	inger of transfer
Address Cambridge ma	23. SIGNATURE P To Jacobs
2/1/1 4) D./ march	23. SIGNATURE. M. D. or other
19. (Date/rec'd by r/gistrar) (Date/rec'd by r/gistrar) Registrar	0 0 0 0 10 10

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

01633
Reg. Dist. No. //O

CERTIFICATE OF DEATH

I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Jorchester		(For newborn infants give residence of mother)	
City or town	mits, write RURAL and give nearest town)	State hary for de County Dorchester	
low long in above place of death?	L grounds town,	City or town Scaford - Rural (If outside city or town limits, write RURAL and give near	
lospital, institution, or street address where c		Street No. Galestown	rest town)
Falestown		(If rural, give LOCATION)	***************************************
ow long in hospital or institution?		2.(a) If veteran, name war	·····
B. (a) FULL NAME	sh E. Short	3. (b) Social Security .	Number
. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White	Widowed	20. DATE DF DEATH	at 3 P.
.(b) Name of husband or wife	anie L. Short	21. I CERTIFY that death occurred on the date above stated; that I ettended decea	sed from
. Birth date of	6.(c) If alive, give ageyears	19	
deceased (mo., day, yr.) Septen	when 16, 1862	and that I last saw halive on	
B. AGE: Years Months	Days If less than one day	Immediate canse of death	DURATION
84 5	/hrs min.	Walase of Comman	***************************************
Birthplace Dorchester (Town, c	ounty Maryland	Oue to. As Identification	Part South forg
	tired Day Faborer	Que to	***********************
	wil tackage Company		***************************************
12. Name James Sho	et. T	Other conditions	
13. Birthplace Sussey Con	The Delaware		************************
14. Maiden name. Namey T	Vaughn	(Include pregnancy within 3 months of death) Major findings of operations.	
15. Birthplace Vorchester	County Maryfand	Oate of op.	
6. Informant Lester Sho	rt.	Antopsy results	
Address Scaford Dela	ware R.F.D.	PHYSICIAN: Please underline the cause to which death should be charged s	tatistically.
(Burial, cremation, or removal, Which?)	Date thereof February 19, 1947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
V.	Two Grater		
	V	Where did injury occur?(City or town) (County)	
,	langland.	Injured at home, farm, Industry, public place (where?)	
B. Funeral director X: X: Fra	uptom and Son	Meens of Injury Injured at work?	
Address Faderalsbury	/ _	23. SIGNATURE B. Shriver Del Me	JEn.
Jet 19- (Date rec'd by registrar) 19 4 7	Chus W Hasting	Address Addres	other
		The state of the s	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (27-8)



	Neg. Dist. No.
PLACE OF DEATH: Josepherles	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ortown Cambridge	State Maryland punty Norshelles
(If outside city or town limit, rite RURAL and give nearest town)	City or town
pital, institution, or street address where death occurred:	Street No. 405 Chaplank are
0 2	(If rural, give LOCATION)
iong In hospital or Institution?	2.(a) It veteran, name war
Jennie P. Slacur	3. (b) Social Security Number
ex 5.00lor or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Mac while married	20. DATE OF DEATH Teb 18 47 21 5:22 M
) Name of husband or wife Treston M. Slacury	21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from
iirth date of 6.(c) If alive, give age	and that I last saw h. E.R. alive on Formurey 18 19 47
AGE: Years Months Days It less than one day	Immediate cause of death Myocarbia FAILURE Idas
62 8 17hrsmin.	MYOCARDIAL FAILURG Iday
Birthplace Cambridge	Bue to LEFT CGREBRAL HEMORRHAGE
(Town, county, and sad)	11 day s
Usual occupation	Due to Supperterent condervosulos
Industry or business	of property
12. Name	Other conditions.
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations See Other Coult, and
15. Birthplace	Date of op. 76/47
Informant Tresson M raccular	Antopsy results
Address Cambridge Mu	22. VIOLENCE: If death was due to external causes, fill in the toliowing;
Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
emetery or crematory Treewlawn	Where did Injury occur?
Courter of md.	(City or town) (County) (State)
ocation Regulation Rollings	Means of Injury Injured at work?
Funeral director	D1 2888
ddress date date with	23. SIGNATURE M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) Registrar	Addre Cambridge Ma Date signed 419/42
	The state of the s



Address Cambridge

Registrar

01635

1160

DURATION

ly every item of information carefully. The correct age write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING K. Supply of

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: p

(Date rec'd by registrar)

VS A15

		CERTIFICAT	LOI	DELLIL		Reg. Diat. No	
1. PLACE OF DEATH:			2. USUA	L RESIDENCE (HO!	ME) OF DECI	EASED:	
County			State	Maryland Cambrid (If outside city or to	County Ge wn limits, write Willis S arai, give LOCAT	Dorcheste RURAL and give n itrest	nearest town)
3. (a) FULL NAME	na Thomas					b) Social Securit	1.00
4. Sex Female 5. Color or race White	6.(a)Single, married, Widowed	, widowed, or divorced	20. DATE O	MEDIC	AL CERTI		at 8
6.(6) Name of husband or wife	6.(c) tf allve,	el H, Ikouaa give ageyears	21. I CERT	iFY that death occurred on the september 20 last saw h	e date above states	d: that I attended de	eceased from
8. AGE: Years Months	23 1862 Days If les	s than one dayhrsmln.	Immediate	Arterioscle	robie ca	rdio-	DUF
9. Birthplace Beckwith Neck Dorchester Cy Maryland (Town, county, and state) 10. Usual occupation. Housewife 11. Industry or business 12. Name. Levin Tregoe 13. Birthplace Beckwith Neck Dorchester Cy Md. 14. Maiden name. Unknown. 15. Birthplace			Oue to	Seni	lity		
			Olher cond	(Include pregnancy	Psychosi within 3 months	of death)	
16. InformantHospital Rec	dge Marvla	and 8	PHYSICIA	esults	use to which dea	th should be charge	
17. (Burial, cremation, or receival. Which?) Cemetery or exematory Location Date thereof. 2-18-47 (month) (day) (year)			Accident, s Where did	ENCE: If death was due to expected, or homicide	or town)	(County)	(State)
Address Carelle	John ?	nd. Marsful me	3. SIGNA	TURE HULL	um	Bun), or other



2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

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Die	. ,	NI.		110	0	

1. PLACE OF DEATH: County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Dorchester
	City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Fotom Shone State Hosnitel
Home	Grounds (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Indianola Fluharty Todd	*****
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White widow	20, DATE OF DEATH Del. 23 1947 21 1:17 M
6.(b) Name of husband or wife Walter Todd	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
	Mor. 1 Pt 79.45, 10 Jel. 23 1947
7. Birth date of	and that I last saw h. L. 2. alive on Feb. 22 19.47
deceased (mo., day, yr.) 11/15/1862.	Immediate cause of death
8. AGE: Years Months Cays tf less than one day	(Merueulle Justine Care, of des
84 3 8hrsmln.	1 4 6 7
9. Birthplace Caroline County, Md. (Town, county, and state)	Due to Delta Deligo Canalifico
10. Usual occupation none	
	Due to.
11. Industry or business	
12. Name Samuel Fluharty 13. Birtholace Md.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mary E. Fluharty 15. Birthplace Md.	(Include pregnancy within 3 months of death)
Md.	Major findings of operations
	Qate of op
16. Informant G. Dorsey Todd	Autopsy results.
Address Cambridge, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
, ,	22. VIOLENCE: If death was due to external causes, fill in the following;
17 burial Date thereof 2/26/47.a	Accident, suicide, or homicide
Cemetery or crematory Family	Where did injury occur? (City or town) (County) (State)
Denton, Md.	
Location	Injured at home, tarm, industry, public place (where?)
18 Funeral director Le Comlte Funeral Service	Means of Injury Injured at work?
Address Cambridge, Md.	Loher C. Hardus M. 10
21/27/ 1/2 101m 10 ms	23. SIGNATURE M. D. or other
19. (Data racid by racidstrar)	Address Our but tal hid Date signed 2/26/x

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING IMK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore (182)

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Reg. Dist. No ...

1. PLACE OF DEATH:/ County Workhester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town (If outside city or town limits, write RUNA and give nearest town)	State Managhand County Dar hands	4 * * * * * * * * * * * * * * * * * * *
How long in above place of death?	(If outside city or town limits, write RURA) and give nearest town)	*****
Hospital, Institution, or street address where death occurred:		
	Street No. (If rural, give LOCATION)	.0700468
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Sharow Lee Sourisla	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
France white suit.	The sale is	~ A.
senate where	20. DATE DF DEATH 2 2 19 4 2 at	
	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from	
6.(b) Name of husband or wife		
6.(c) If alive, give age years		
7. Birth date of land of land of land of land land land land land land land land	and that I last saw halive on19	*******
deceased (mo., day, yr.)	Immediate cause of death	IDN
8. AGE: Years Days If less than one day		
/9hrsmin.	Visit - Visit	
7,000	A fight and the same of the sa	
9. Birthplace	Due to	
(Town, county, and state)		
1D. Usual occupation	Due to.	
11. tndustry or business/		**********

12. Name Orey Cybursend 13. Birthplace	Dither conditions	
13. Birthplace		
Bushtle Mengate	(Include pregnancy within 3 months of death)	
14. Maiden name Dyttle Mengate 15. Birthplace Crases	Major findings of operations	
E 15. Birthplace / Cases	Date of op.	
you you was a		
16, Informant	Autopsy results	
Address Selfleland		
13 will Arch 20	22. VIOLENCE: If death was due to external causes, fill in the following:	1.15
(Burjal, cremation, or removal Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide. Altridiens . Dale of Feb 17	Y
In enotoris	Where dld injury occur? 222 Seex tary Jachusting Mil	1
Cemetery or crematory	(City or town) (County) (State)	
Location Q ast new possacret	trijured at home, farm, Industry, public place (where?)	
18. Funeral director H. B. Willoughley	Means of Injury Badding tnjured at work? No	
10 to Make	In & S1 . D . 1. 6	
Address and flew Monrey	23. SIGNATURE M.D. or other	Silq.
19. Felt. 19 19 47. Elizabeth C. Sonille (Date red by registrar) Registrar	Address Cambridge Md. Dais signed July 19	1/1/2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

CERTIFICATE OF DEATH

coprect age

PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly an

PLEASE

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FOR BINDING

MARGIN RESERVED

Reg. Dist. No. 516 0

1. PLACE OF DEATH: County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State. Maryland county Dorchester City or town. Rural-Madison (If outside city or town limits, write RURAL and give nearest town) Street No. Madison (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Elsie Brannock Trego	3. (b) Social Security Number
4. Sex Female White Married Married	MEDICAL CERTIFICATION 20. DATE DF DEATH February 28, 19 47 at 10:55R
6.(b) Name of husband or wife William E. Trego 5.(c) If alive, give age 53 years 7. Birth date of deceased (mo., day, yr.) June 23, 1888	and that I last saw h
8. AGE: Years Months Days It less than one day 5	Immediaio cause of dath premone 1 day
9. Birthplace Taylors Island, Dor. Co., Md. 10. Usual occupation. Domestic. 11. Industry or business Home 12. Name Edward C. Brannock 13. Birthplace Maryland 14. Maiden name Margaret E. Bramble	Due to
14. Malden name Margaret E. Bramble 15. Birthplace Maryland 16. Informant Mrs. Hubert Trego Address Cambridge, Maryland.	Major findings of operations
Burial Date thereof Mar. 3, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Joppa M. E. Cemetery Location Madison, Dor. Co., Maryland.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director LeCompte's Funeral Service Address Cambridge, Maryland. 19. 3 / / Grange Cambridge	Means of Injury Injured at work? 23. SIGNATURE Cureue Many and M. D. or other Address 136 Race H. Date signed 31/47

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1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bloo

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

County Dorchester	(For newborn infants give residence of mother)		
City or town. Cambridge (If outside city or town limits, write RURAL and give nearest town)	state Maryland County Dorchester		
How long in above place of death? 35 years	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: 115 Phillips Avenue	Street No. 115 Phillips Avenue (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Alwilda Bassett Twilley	3. (b) Social Security Number		
4. Sex 5. Color or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female white widowed	20. DATE OF DEATH 7eb. 25 19.47, 21 11:554 M		
6.(b) Name of husband or wite George H. Twilley	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947, to 726-25 1947.		
7. Birth date of deceased (mo., day, yr.) 3-1-1869	and that I tast saw best alive on Tel 1947		
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION Allrio-Selevotic Cardio-		
77 11 24hrsmin.	Vascular Renal Direase /Mot		
9. Birthplace Dorchester County, Maryland (Town, county, and state) 10. Usual occupation none	Due to Cottgestion Facture 4 lags		
11, Industry or business	Due to		
12. Name John N. Bassett 13. Birthplace Cambridge, Maryland	Other conditions		
≦ 13. Birthplace Cambridge, Maryland	(Include pregnancy within 3 months of death)		
14. Malden name Elizabeth Harding 15. Birthplace Maryland	Major findings of operations.		
El 15. Birthplace Maryland	Date of op.		
16. Informant Mrs. Robert Ewing	Autopsy results. 100011		
Address Cambridge, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Burial Date thereof (mouth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide		
Cemetery or crematory Greenlawn Cemetery	Where did injury occur?		
Location Cambirdge, Maryland	Injured at home, farm, industry, public place (where?)		
18. Funerat director LeComptes Funeral Service	Meane of Injury Injured at work?		
Address Cambridge, Maryland	CHANNellnux		
19. (Date reg d by registrar) 19. (Date reg d by registrar) Registrar	23. SIGNATURE M. D. or other M. D. or other Address Cacubrides M. D. ar signed 2-28-47		

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MAR 4 1947

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